

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13590
Registrar's No. 3792

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rose Dill 407

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late George Dill 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 66 3 14 hr. min.

9. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Steven Potter

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Russell

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Nick

(b) Address 4042 Quincy St.

17. (a) Burial (b) Date thereof 4-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) APR 27 1940 (b) J. B. Baskin
(Date received local health officer) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2755 Wyoming St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1940 hour 5:25 minute A.M. M.

21. I hereby certify that I attended the deceased from 3-19-40
_____ 19____ to 4-26 1940;
that I last saw her alive on 4-26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Perforative Appendicitis
with Peritonitis 21 days

Due to _____

Due to _____

Other conditions P.O. Pneumonia Chronic

(Include pregnancy within 3 months of death)

Major findings: Myocarditis

Of operations Appendix perforated at base: Pus: Peritonitis

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury +

23. Signature Walter M. Jones (M. D. or other) _____

Address 3400 Meramec Date signed 4/26/40

Dr. Walter M. Jones

3400 Moraine

Ki: 2007

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.